

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED By Carol Day at 9:45 am, Sep 05, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).

| Complete this report when Retain the original and ser | ever the instrum nd a copy within | ent is service 15 days to th | ed or repaire ne Breath Al | ed and whicohol Pro | enever it is gram, DHSS | placed into servi | ce. | | |
|--|--------------------------------------|---------------------------------|-------------------------------|---------------------|--|-------------------------------|-------------|------------------|-----------|
| DATAMASTER SN 204081 | ASTER SN NAME OF AGENCY | | | | | DATE OF INSPECTION 09/04/2014 | | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) Scott County Sheriff's Office-211 S. New Madrid StBenton | | | | | | TIME OF INSPECTION | | | |
| CHECKL(ST: Place a mark in the box by each item if found to be satisfatively determined.) He worked it to be satisfatively determined. | | | | | r if anaratin | 9:08 pm | (15 | 011 11 11 | |
| where determined.) Unma | ked Items must | be corrected | before usin | g instrume | r ii operating ent, | j witnin establish | ed limits. | (Write in observ | ed values |
| DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | | | | | DATE AND TIME (from printout) 09/04/2014 21:14 · | | | | |
| ☑ COMPUTER | | | | | DETECTOR | | | | |
| ☑ PROGRAM | | | | √ FILT | FILTERS | | | | |
| ☐ HEATERS SAMPLE CHAMBER | | | | Z QU | Quartz standard | | | | |
| ☑ FLOW DETECTOR | | | | | ☑ CALIBRATION | | | | |
| ☑ PUMP HIGH SPEED | | | | | PRINTER | | | | |
| ☑ INDICATOR LIGHTS | | | | | | | | | - |
| SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc LOT # 13280 EXP. DATE 10/16/2015 | | | | | | | | | |
| SIMULATOR TEMP (3 | 4°C ± 0.2°C) | 34.0 | °C S | IMULATO | R SN | 1099 | EXP. DA | ATE 02/18/201 | 5 |
| CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) | | | | | | | | | |
| Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) | | | | | | | | | |
| 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | | | | | | | | | |
| 0.080% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | | | | | | | | | |
| ☐ 0.040% STANDARD | - MUST READ | BETWEEN (| 0.038% AND | 0.042% | NCLUSIVE | | | | |
| TEST 1 * .099 | | TEST 2 🖝 | .101 | | | TEST 3 🕶 .10 | 1 | | |
| 🗹 PERFORM R.F.I. TEST | (PRINTOUT AT | (ACHED) | | | | | **** | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) | | | | | | | | | |
| REFUSALS 0 (004) | 0 | (.0509) | 0 | (.1014) | 0 | (.1519) | 0 | OVER .19 | 0 |
| IST ANY NEW PARTS AND DESCRIBE USE OTHER SIDE IF NECESSARY). | ANY ALTERATION OR | MODIFICATION TH | HAT WAS MADE 1 | O RESTORE 1 | HE INSTRUMEN | 1 ' | FACTORILY A | 1 | |
| out of the transfer of the constant of the con | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NSPECTING OFFICER | | | | | | | | | |
| IGNATURE (Included the Included | | | | | PRINT FULL NAME James C. Cooksey Jr. | | | | |
| YPE II PERMIT NUMBER EXPIRATION DATE 204086 03/11/2016 | | | | T | TELEPHONE NUMBER | | | | |
| (0/0) 040-3000 | | | | | | | | | |
| Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office | | | | | | | | | |

2875 James Blvd Popiar Bluff, MO 63901



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STRIE HIGHWRY PRINCL BAC DATAMINSTER SERIAL MUMBER 204081 39/84/14

ARREST TIME: 20:55 SUBJECT NAME: RELATEST DAB: 61/61/90 SEXT M SCHESINOM :.J. UNSTRIK ARRESTIME OFFICER: COOKSEY/JAMES/C OFFICER 1.D.: 265 TESTIMB OFFICER: COOKSEY/、IBIRES/C OFF1CER 1.0.: 266 PERMIT MUMBER: 240956 EXPIRATION DAYE: 03/11/16 MISCELLANGOUS BATAC

--- BRERTH BOBLYSIS ----

RADIO LITERFERENCE

REI TEST

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BAC DataMaster Evidence Ticket

KISSOUR (STATE MIGHWAY RETROL SAC LAMAMASTER SERIAL HUNDER BENANC · 1911年 直升计算

--- TREMOTITIN LAELS ---

 $\mathcal{F}(X) = \mathcal{F}(X)$ CLIMPLETER RESTERN. 595 SYMPLE CHAMSERS OKEY FLOW GETECODES 20MP 大学科 RIGH SPEEUE 04.57 DETECTORS 100 34 FluiteRit QUARTZ STANDARDE 3 115 (1) CALLERATIONS

PRINTER TEST - 中平排棄因後(4)2×4、4、2012年3月36日39114(2)2月月2日月月2日 HIJKENNESSKSTOVNKYRENSE, amerekinisk om oorstrawaiz(i)>

Operator Signature _

perator Signature / circo Coffee

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTUR SELIAL MUMBER 264091 09/04/44

TESTING OFFICER: COOKSEYZJAMĖSZA, OFFICER I.D.: 266 PERMIT MUMBER: 200006 EXPIRATION DATE: 83/11/16 MISCELLAMEDUS DATA: MATCHEMENCE

--- SUPERVISOR MODE ---

| BLANK TEST | . 999 | 21:28 |
|-------------------|---------------|-------|
| INTERMAL CHARDARD | VERIFIED | 21:28 |
| EXTERMAL STAMBRU | . Myā | 51158 |
| BLANK TEST | , GOB | 21129 |
| EXTERMAL STANDARD | , <u>i</u> 91 | 21129 |
| BILANK TEST | , મોરાસ | 21:30 |
| EXTERNAL STANDARD | , lui | 81139 |
| NAW TEST | , 99A | 29:31 |

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Operator Signature James Ceroke



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LA8-4 (R6-10)

PERMIT TYPE II

JAMES C COOKSEY JR.

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. DATE 3/11/2014 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY EXPIRES 3/11/2016 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MIO 589-0771 (6-10)



Date Expires 3/11/2016

Date Issued 3/11/2014